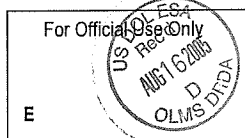


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8491</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Sandra</u> <u>F</u> <u>Khoury</u> P.O. Box, Bldg., Room No., if any Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u>	4. Name, file number, and address of labor organization. Name <u>Laborers' International Union of North America</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any Street <u>905 16th Street, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1703</u>
5. Position in labor organization. <u>Meeting Planner</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/12/05
Date

202 942 22 74
Telephone Number

Name of Person Filing Sandra Khoury	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bonnie Holliday, Westin Diplomat Hotel</p> <p>Trade Name, if any: Westin Hotels</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1111 Westchester Avenue</p> <p>City White Plains</p> <p>State New York ZIP Code + 4 10604-3525</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Westin Diplomat Hotel provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>3/1/04: Dinner. Amount unknown, best estimate \$65.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>1/18/04: National Tri-Fund Conference, Reception. Amount unknown, best estimate \$30 to \$40.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Sandra Khoury	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 1/19/04: National Tri-Fund Conference, Dinner. Amount unknown, best estimate \$100. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; float: right;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Jacksonville Convention & Visitors Bureau Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1000 Street 550 Water Street City Jacksonville State Florida ZIP Code + 4 32202-5177	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 2/11/04: Breakfast. Amount unknown, best estimate \$26. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; float: right;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 2/17/04: Pipeline Conference, Lunch. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px; float: right; text-align: center;">\$34</div>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Patti Kealy, Minneapolis Hilton

Trade Name, if any: Hilton Hotels

P.O. Box, Bldg., Room No., if any

Street 9336 Civic Center Drive

City Beverly Hills

State California

ZIP Code + 4 90210-3604

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The Minneapolis Hilton provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

3/16/04: Client luncheon, Lunch. Amount unknown, best estimate \$40 to \$50.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Rick Blaney, Chicago Hilton</p> <p>Trade Name, if any: Hilton Hotels</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9336 Civic Center Drive</p> <p>City Beverly Hills</p> <p>State California ZIP Code + 4 90210-3604</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Chicago Hilton provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>3/17/04: Dinner. Amount unknown, best estimate \$100.</p> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laura Schofield, St. Regis Hotel

Trade Name, if any: Starwood Hotels & Resorts Worldwide

P.O. Box, Bldg., Room No., if any

Street 1111 Westchester Avenue

City White Plains

State New York ZIP Code + 4 10604-3525

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The St. Regis Hotel provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

4/2/04: Lunch. Amount unknown, best estimate \$30 to \$40.

12.b. Amount.

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New York Hilton

Trade Name, if any: Hilton Hotels

P.O. Box, Bldg., Room No., if any

Street 9336 Civic Center Drive

City Beverly Hills

State California ZIP Code + 4 90210-3604

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The New York Hilton provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

4/18/04 & 4/19/04: Hilton Host Program for Meeting Planners, Lodging. Amount unknown, best estimate \$400.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 2/18/04: Pipeline Conference, Reception. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$77

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Atlantic City Convention and Visitors Bureau Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2314 Pacific Avenue City Atlantic City State New Jersey ZIP Code + 4 08401-6629	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 4/14/04: Golf outing. Amount unknown, best estimate \$75 to \$100. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Atlantic City Convention and Visitors Bureau Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2314 Pacific Avenue City Atlantic City State New Jersey ZIP Code + 4 08401-6629	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> 4/22/04: Luncheon. Amount unknown, best estimate \$40 to \$50. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>New York Hilton</u></p> <p>Trade Name, if any: <u>Hilton Hotels</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>9336 Civic Center Drive</u></p> <p>City <u>Beverly Hills</u></p> <p>State <u>California</u> ZIP Code + 4 <u>90210-3604</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The New York Hilton provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p>4/18/04 & 4/20/04: Hilton Host Program for Meeting Planners, Train fare. Amount unknown, best estimate \$200.</p> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New York Hilton

Trade Name, if any: Hilton Hotels

P.O. Box, Bldg., Room No., if any

Street 9336 Civic Center Drive

City Beverly Hills

State California ZIP Code + 4 90210-3604

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The New York Hilton provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

4/18/04 to 4/20/04: Hilton Host Program for Meeting Planners, Food and refreshments during entire event. Amount unknown and unable to estimate individual meals, best estimate of total benefit received \$250.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 4/27/04: National Tri-Fund Meetings, Dinner. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;"> \$112 </div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of North Am. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> May 2004: Meeting with Laborers' Health & Safety Fund of North America representative. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;"> \$72 </div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of North Am. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> 5/26/04: Laborers-Employers Cooperation & Education Trust Computer Conference, Lunch with Laborers' Health & Safety Fund of North America representative. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;"> \$56 </div>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bonnie Holliday, Westin Diplomat Hotel

Trade Name, if any: Starwood Hotels & Resorts Worldwide

P.O. Box, Bldg., Room No., if any

Street 1111 Westchester Avenue

City White Plains

State New York

ZIP Code + 4 10604-1525

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The Westin Diplomat Hotel provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

5/12/04: Potomac Chapter of the Mid-Atlantic Region of Associations Conference, Registration fee (including dinner). Amount unknown, best estimate \$100.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>5/26/04: Laborers-Employers Cooperation & Education Trust Computer Conference, Dinner.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$32</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>5/27/04: Laborers-Employers Cooperation & Education Trust Computer Conference, Dinner.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$111</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Laborers-Employers Coop & Education Trust</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 905 16th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1703</p>	<p>14.a. Nature of payment.</p> <p>6/23/04: Canadian Conference, Dinner.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p align="right">\$53</p>

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Julie Duchi, Madison Hotel</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 800</p> <p>Street 2020 K Street NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006-1820</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Madison Hotel provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>6/3/04: Lunch with representative from the Madison Hotel. Amount unknown, best estimate \$30 to \$40.</p> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name San Francisco Hilton, Hilton Hotels

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9336 Civic Center Drive

City Beverly Hills

State California

ZIP Code + 4 90210-3604

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The San Francisco Hilton provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

6/17/04: Site visit for 2005 Leadership Conference, Car service to and from airport. Amount unknown, best estimate \$90.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Chicago Sheraton</p> <p>Trade Name, if any: Sheraton Hotels</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1111 Westchester Avenue</p> <p>City White Plains</p> <p>State New York ZIP Code + 4 10604-3525</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Chicago Sheraton provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>6/18/04: Site visit for 2005 Leadership Conference, Car service to and from airport. Amount unknown, best estimate \$90.</p> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Krista Ladd, Niagara Falls Sheraton</p> <p>Trade Name, if any: Sheraton Hotels</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1111 Westchester Avenue</p> <p>City White Plains</p> <p>State New York ZIP Code + 4 10604-3525</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Niagara Sheraton provides hotel services to the Laborers' Internatioal Union of North America.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. unknown</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>9/8/04: Dinner meeting. Amount unknown, best estimate \$75.</p> <hr/> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury	File Number U-
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name [Intentionally left blank] Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State District of Columbia ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> [Intentionally left blank] </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; float: right;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of North Am. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> 8/22/04: National Tri-Fund Board of Trustees Meetings, Meal. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; float: right; text-align: center;">\$67</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers' Health & Safety Fund of North Am. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	14.a. Nature of payment. <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> 8/25/04: National Tri-Fund Board of Trustees Meetings, Meal. </div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; float: right; text-align: center;">\$47</div>

Name of Person Filing Sandra Khoury

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of North Am.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

9/3/04: Farewell lunch for Laborers' Health and Safety Fund of North America employee, Lunch. Amount unknown, best estimate \$40 to \$45.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Vancouver Convention and Visitor's Bureau

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 200 Burrard Street

City Vancouver, BC V6C 3L6

State ZIP Code + 4

14.a. Nature of payment.

11/9/04: Vancouver Convention and Visitor's Bureau, Lunch. Amount unknown, best estimate \$30 to \$40.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers-Employers Coop & Education Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State ZIP Code + 4 20006-1703

14.a. Nature of payment.

11/16/04: National Tri-Fund Board of Trustees Meetings, Lunch.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$28

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Reno Hilton

Trade Name, if any: Hilton Hotels

P.O. Box, Bldg., Room No., if any

Street 9336 Civic Center Drive

City Beverly Hills

State California ZIP Code + 4 90210-3604

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Reno Hilton provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

9/10/04 to 9/13/04: Balloon Site Familiarization Event hosted by the Reno Hilton, and the Reno Visitor's Bureau. Airfare. Amount unknown, best estimate \$400.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Reno Hilton</p> <p>Trade Name, if any: Hilton Hotels</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 9336 Civic Center Drive</p> <p>City Beverly Hills</p> <p>State California ZIP Code + 4 90210-3604</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Reno Hilton provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>9/10/04, 9/11/04, & 9/12/04: Balloon Site Familiarization Event hosted by the Reno Hilton, and the Reno Visitor's Bureau. Lodging. Amount unknown, best estimate \$600.</p> <p>12.b. Amount.</p>

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Reno Hilton</u></p> <p>Trade Name, if any: <u>Hilton Hotels</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>9336 Civic Center Drive</u></p> <p>City <u>Beverly Hills</u></p> <p>State <u>California</u> ZIP Code + 4 <u>90210-3604</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p>The Reno Hilton provides hotel services to the Laborers' International Union of North America.</p> <p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p>9/10/04 to 9/13/04: Balloon Site Familiarization Event hosted by the Reno Hilton, and the Reno Visitor's Bur, Food and refreshments during entire event. Amount unknown and unable to estimate individual meals, best estimate for total benefit received \$300.</p> <p>12.b. Amount. <u></u></p>

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Patti Kealy, Hilton Hotels</u></p> <p>Trade Name, if any: <u>Hilton Hotels</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>9336 Civic Center Drive</u></p> <p>City <u>Beverly Hills</u></p> <p>State <u>California</u> ZIP Code + 4 <u>90210-3604</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Hilton Hotels provides hotel services to the Laborers' International Union of North America.</u></p> <p>11.b. Approximate dollar value of such dealing. <u>unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>9/23/04: Farewell luncheon for Patti Kealy. Amount unknown, best estimate \$40 to \$50.</u></p> <p>12.b. Amount. <u></u></p>

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Susan Gruskin, St. Regis Hotel

Trade Name, if any: Starwood Hotels & Resorts Worldwide

P.O. Box, Bldg., Room No., if any

Street 1111 Westchester Avenue

City White Plains

State New York ZIP Code + 4 10604-3525

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

The St. Regis Hotel provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

11/22/04: Lunch. Amount unknown, best estimate \$30 to \$40.

12.b. Amount.

Name of Person Filing Sandra Khoury

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Walt Disney Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 South Buena Vista Street

City Burbank

State California ZIP Code + 4 91521-0001

14.a. Nature of payment.

11/19/04: Disney Thanksgiving Lunch. Amount unknown, best estimate \$30 to \$40.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name OVSS Laborers-Employers Coop & Educ. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 305

Street 25 Century Boulevard

City Nashville

State Tennessee ZIP Code + 4 37214-3601

14.a. Nature of payment.

11/29/04: Ohio Valley and Southern States Regional Conference Staff Meeting, Meal.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$72

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Laborers' Health & Safety Fund of North Am.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20006-1703

14.a. Nature of payment.

12/14/04: Refreshments following Fund Meetings.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$36

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Judy Sereni, Bally's Hotel

Trade Name, if any: Caesars Entertainment

P.O. Box, Bldg., Room No., if any

Street One Harrah's Court

City Las Vegas

State Nevada

ZIP Code + 4 89119-4345

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Bally's Hotel provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

11/22/04: Dinner. Amount unknown, best estimate of total benefit \$75.

Note: My understanding is that the cost of this benefit may have been shared between Judy Sereni of Bally's Hotel and Tammy [surname unknown] of Caesar's Palace Hotel.

12.b. Amount.

Name of Person Filing Sandra Khoury

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Tammy [?], Caesar's Palace Hotel

Trade Name, if any: Caesars Entertainment

P.O. Box, Bldg., Room No., if any

Street One Harrah's Court

City Las Vegas

State Nevada

ZIP Code + 4 89119-4345

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Caesar's Palace Hotel provides hotel services to the Laborers' International Union of North America.

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

11/22/04: Dinner. Amount unknown, best estimate of total benefit \$75.

Note: My understanding is that the cost of this benefit may have been shared between Judy Sereni of Bally's Hotel and Tammy [surname unknown] of Caesar's Palace Hotel.

12.b. Amount.

Name of Person Filing Sandra Khoury	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Laura Schofield, St. Regis Hotel</p> <p>Trade Name, if any: Starwood Hotels & Resorts Worldwide</p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 1111 Westchester Avenue</p> <p>City White Plains</p> <p>State New York ZIP Code + 4 10604-3525</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>The St. Regis Hotel provides hotel services to the Laborers' International of North America.</p>
	<p>11.b. Approximate dollar value of such dealing. unknown</p>
	<p>12.a. Nature of interest held or income received.</p> <p>12/10/04: Lunch. Amount unknown, best estimate \$30 to \$40.</p>
	<p>12.b. Amount. </p>

Addenda to Form LM-30: Labor Organization Officer and Employee Report

SANDRA KHOURY

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

ADDENDUM A

On several occasions in 2004, I recall that I was given complimentary promotional items, such as a clothing item, accessory or printed material with the Laborers' International Union of North America logo, etc.. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items.

ADDENDUM B

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items. At no time did I solicit such items, and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

ADDENDUM C

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

ADDENDUM D

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

Addenda to Form LM-30: Labor Organization Officer and Employee Report (page 2)

SANDRA KHOURY

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131

Fiscal Year Covered From: 1/1/04 through 12/31/04

ADDENDUM E

I have personal friendships with individuals who may be employed by reportable entities under the Labor-Management Reporting and Disclosure Act, which exist separate and apart from my role as a union employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and have no specific recollection of any benefits received.

ADDENDUM F

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM G

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM H

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.